



CITY OF READING, PENNSYLVANIA

PROPERTY MAINTENANCE DIVISION
HEALTH OFFICE
815 WASHINGTON STREET
ROOM 1-30
READING, PA 19601-3690
(610) 655-6214

VENDOR HEALTH PERMIT APPLICATION

HEALTH PERMIT #: _____ Date of Issuance: _____
(Official Use Only)

TYPE OF VENDOR (check one)

____ Mobile Vendor (Ice Cream Trucks, Food Trucks, etc.)
____ Sidewalk Vendor – Requested Location: _____
____ Stationary Vendor

NAME OF BUSINESS:

BUSINESS OWNER(S) INFORMATION

First and Last Name: _____
Home Address: _____ (No PO Boxes)
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Phone: _____
Email Address: _____ Fax Number: _____

NAME AND ADDRESS OF ANY EMPLOYEE(S) SELLING FOOD

First and Last Name of Employee: _____
Address of Employee: _____ (No PO Boxes)
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Cell Phone: _____

REQUIRED DOCUMENTATION

- Photograph and Specifications with business name: Cart____ Stand____ Truck____ Trailer____
- Complete list of the items to be offered for sale or distribution
- Valid PA ServSafe Certificate (if selling non-packaged food items)
- Certificate of business liability insurance for the above stated business with minimum coverage of \$100,000 per individual and \$500,000 per incident.
- Copy of Business Owner's state issued identification (e.g, driver's license)
- Business Privilege License (obtained from Citizens Service Center, Room 1-27)

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities. I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Owner

Date Submitted



FAX: (610) 655-6525